



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH FRANKFORT HOSPITAL

City of Hospital: Frankfort

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

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Medicare Provider Number: 15-1316

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6191320
Outpatient Patient Service Revenue	\$41262892
Total Gross Patient Service Revenue	\$47454212

2. Deductions From Revenue

Contractual Allowance	\$26589654
Other Deductions	\$-1180638
Total Deductions	\$25409016

3. Total Operating Revenue

Net Patient Service Revenue	\$22045196
Other Operating Revenue	\$127929
Total Operating Revenue	\$22173125

4. Operating Expenses

Salaries and Wages	\$7201769	Employee Benefits	\$1522563
Depreciation and Amortization	\$1100947	Interest Expense	\$0
Bad Debt	\$2190595	Other Expenses	\$13199005
Total Operating Expenses	\$25214879		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-3041754	Total Assets	\$15260030
Net Non-operating Gains over Loss	\$-275952	Total Liabilities	\$15260030

Total Net Gains	\$-3317706
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$22036168	\$12103982	\$9932186
Medicaid	\$9210748	\$4910897	\$4299851
Other Government	\$501798	\$447332	\$54466
Other State	\$0	\$0	\$0
Other Payers	\$15705499	\$10137400	\$5568099
Total	\$47454213	\$27599611	\$19854602

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$35188	\$-35188

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$2350350
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1121587	
HCI Payments	\$0		
Subtotal	\$0	\$1121587	\$-1121587
Medicaid Shortfalls	\$4304331	\$5197945	
Subtotal	\$4304331	\$6319532	\$-2015201
DSH Payments	\$0		
Subtotal	\$4304331	\$6319532	\$-2015201
Medicare Shortfalls	\$8087902	\$8176543	
Other Government Programs	\$0	\$0	
Total	\$12392233	\$14496075	\$-2103842

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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